

EMPLOYEES' RETIREMENT SYSTEM
OF THE
CITY OF NORFOLK
CHANGE OF BENEFICIARY

Date _____

Bureau _____

Active Service No. _____

To the Board of Trustees
Employees' Retirement System of the City of Norfolk
City Hall
Norfolk, Virginia

I, the undersigned, do hereby revoke any previous nomination of beneficiary which may be inconsistent herewith and direct that the following designation of beneficiary supersede any designation of beneficiary previously filed with the Retirement System.

I, the undersigned, do hereby designate _____
(Furnish full name of Beneficiary)

_____ whose address is _____
(Date of Birth) (address of Beneficiary)

and whose relationship to me is _____ as the beneficiary to whom
(State Relationship)

I request the Board of Trustees to pay the death benefits and the total amount of the accumulated contributions, if any, standing to my credit in the Retirement System payable on my account should I die in active service.

I hereby authorize the Board of Trustees of the Retirement System to make payment to the beneficiary or beneficiaries in accordance with the above designation and agree, on behalf of myself and heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the System from any further obligation on account of the benefit.

I further direct that, should any beneficiary so designated predecease me, the amount which otherwise would have been payable to such beneficiary shall become a part of and be paid to my estate.

Signed _____

Home Address _____

STATE OF VIRGINIA } ss
CITY OF NORFOLK }

On this _____ day of _____, 20_____, appeared before me the said _____ to me known and known to me to be the individual described in and who executed the foregoing instrument and he (or she) duly acknowledged to me that he (or she) executed the same, and being duly sworn by me, made oath that the statements contained therein are true.

(Signature of officer) _____

(SEAL)

(Official title) _____

(Date of Expiration of Commission) _____

Effective Date of Change in Beneficiary

_____, 20_____

(Witness)